



P.O. Box 549 - LaMarque, TX 77568

Serving the Fire Service of Galveston County

**GALVESTON COUNTY FIREFIGHTERS' ASSOCIATION
CERTIFICATION SCHOLARSHIP PROGRAM
APPLICATION FORM**

APPLICANT

NAME: _____ DOB: ___/___/___

ADDRESS: _____ PHONE: (____) ____ - _____

CITY: _____ TEXAS, ZIP: _____

SPONSORING FIRE DEPARTMENT

FIRE DEPARTMENT: _____ PH#: (____) ____ - _____

ADDRESS: _____ TEXAS, ZIP: _____

FIRE CHIEF: _____ PHONE: (____) ____ - _____

PRESIDENT: _____ PHONE: (____) ____ - _____

LETTER OF SUPPORT FROM THE FIRE CHIEF [N] [Y] AND PRESIDENT [N] [Y] ATTACHED TO THE APPLICATION.

ACADEMY INFORMATION

BASIC FIRE ACADEMY YOU DESIRE TO ATTEND: _____

ADDRESS: _____ TEXAS, ZIP: _____

DIRECTOR'S NAME: _____ PHONE: (____) ____ - _____

AGREEMENT

I, _____, AGREE TO REFUND ALL MONIES TO THE GALVESTON COUNTY FIREFIGHTERS' ASSOCIATION SHOULD I: **1.) FAIL TO COMPLETE THE ACADEMY FOR ANY REASON, EXCEPT FOR UNEXPECTED ILLNESS OR INJURY OR 2.) FAIL TO REMAIN A MEMBER IN GOOD STANDING OF MY SPONSORING FIRE DEPARTMENT UNTIL I FIND A JOB OR LOSS OF MY CERTIFICATION ELIGIBILITY.**

SIGNATURE

_____/_____/_____
DATE